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## THE MEDICAL USE OF HYPNOTISM\*

BY

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Although the written records describing hypnosis cover a period of over four thousand years no unifying hypothesis has emerged which can fully reconcile the facts of observation or be subjected to the test of experiment. For two centuries at least, however, there has been little doubt that use can be made of it in the treatment of functional nervous disorder. Indeed, that disorder in functions mediated by the central nervous system was possible without coexistent structural change came to be realized through a study of the illnesses which hypnosis was found to relieve. One has only to read Freud's ecstatic letters home after his first visits to Charcot's clinic in Paris to realize how much orthodox psychoanalysis must owe to the hypnotism which it now regards with a great deal of suspicion. The subject is thus one of great importance to psychiatry because of the field for research which it offers to the inquiring mind, for new principles of cerebral and mental activity will have to be developed to explain it.

Historically, too, the study of hypnosis was the starting point of present-day psychopathologies, and retrospect to this earlier stage may be helpful if we should in the future find it necessary to inquire whether at some point conventional psychotherapy may have strayed too far from the simple Hippocratic aim of making people feel better and behave better. From the point of view of education in psychotherapy we are able with the aid of hypnosis to present to the trainee an elementary version of the relationships of physician and patient which may occur in the therapeutic situation and of the ways in which these can be manipulated to the patient's advantage. If theoretical teaching is given while the trainee learns the practical management of hypnosis in suitable cases, the experience so gained can gradually be applied to more complex methods of treatment. Such a progression could be regarded as a recapitulation of the way in which Freud and many others, beginning with hypnosis and learning its valuable lessons, eventually found the way to other methods.

The use of hypnosis in the training of psychotherapists has also the advantage that it offers, without harm to the patient, the hope of providing experience of the therapeutic relationship while retaining the trainee's scientific objectivity. The principle of submitting to a personal psycho-analysis, with its incidental training in habits of self-reference and the danger of unquestioning indoctrin-

ation, must always be a matter for free individual choice. If there is a future for an objectively oriented training in psychotherapy, hypnosis might well play a useful though by no means exclusive part. Even if hypnosis in the hands of the unskilled or of those who do not accept responsibility for avoiding or resolving excessive transferences may lead to undue dependence on the hypnotist, it is on the whole a method which leaves few scars and makes no fundamental change in the personality that would not have occurred in the course of individual development. In responsible hands it is a safe method of treatment which can be combined with others and seems rarely to prejudice their use later in other hands.

### Indications for Hypnosis

From the enormous literature of medical hypnotism it is difficult to extract much uniformity of opinion on the type of disability which is most likely to respond favourably. The account which follows is based on the experience of a single physician who has used it as a part, but by no means the main part, of his therapeutic armamentarium over a period of more than twenty years. During this time the opportunity has been taken to explore its possibilities in new fields. In the main, the choice of method has been governed by a wish to expose patients to the minimum of psychotherapeutic contact necessary to bring about a satisfactory readjustment. The aim has been to make a minimum of permanent impression on the patient, returning to him as soon as possible the unsupervised direction of his own life. As all psychotherapy must be opportunist in the light of the patient's response to it, hypnosis has not usually been the only technique used, for it can be combined well with the usual methods of therapeutic scrutiny and of the promotion of insight.

For the purpose of description the uses of hypnosis are divided into four groups: (1) Conditions in which hypnosis is often the method of choice. (2) Conditions and types of patient in which it ranks as one of the possible approaches or in which it may be used in combination with other methods. (3) Conditions in which hypnosis has produced useful results but in which its use is not firmly established and is worthy of further investigation. (4) Certain uses of hypnosis in subjects who are not the subject of psychiatric disorder.

### Conditions in which Hypnosis is often the Treatment of Choice

(a) *States of recent onset in which there is an alteration or dissociation of consciousness which has something in common with hypnosis itself.*—These include hysterical amnesia and fugue, hysterical stupor, and also twilight states and generalized disabilities such as *astasia-abasia*,

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which have appeared after acute stress, and the "recent hysteria" group of reactions. In these patients it is usually possible to induce a deep hypnotic state very rapidly, the patient accepting willingly this additional form of psychological retreat. Under hypnosis he is brought again into contact with the circumstances which led to his dysmnestic or dissociative reaction. This usually results in an emotional crisis, after which the depth of hypnosis can be brought under control and memory restored or the symptoms relieved by direct suggestion. This can easily be done in a hospital casualty department, and there is much to be said for thus removing the symptoms as soon as possible after their onset. Removal of the symptoms places upon the therapist the obligation of doing something about the stress or conflict he has brought to light and to which the patient has been unable consciously to adapt.

(b) *Where investigation or psychotherapy is made impossible by a symptom which prevents normal communication between patient and physician.*—Hysterical deafness and aphonia are the best examples, but tics, stammering, and choreiform movements may also conveniently be relieved temporarily in this way. An underlying organic predisposition or even a clear organic origin does not exclude the use of hypnosis; for tics, tremors, habit spasms, and rhythmicias may be removed for a few minutes to an hour or two on the first occasion, and they can be disencumbered of any admixture of hysteria and thus brought within the range of communication.

(c) *Where in the course of treatment of a functional disability the psychological causes have become evident, even to the patient, but this insight has not led to a clearing up of the symptoms.*—Thus removal of symptoms, the psychogenesis of which has "expired," can be brought about by hypnosis when the patient has already reached a point where he can do without his disability. Hypnosis gives him a reason for recovery beyond mere talk, removes his apprehension that he may be thought to have been consciously simulating, and, by suggestion, supplies the critical initiative for recovery. In such patients the results are dramatic and permanent provided that the foregoing psychotherapy has really achieved its objects. When a patient is first seen it is sometimes difficult to convince him that his disability is in fact functional and that psychotherapy is indicated. Initial removal of the symptom under hypnosis, however temporary, makes it evident to the patient that his symptom can be removed by a purely psychological approach and his co-operation in deeper psychotherapy may be elicited.

(d) *In functional conditions superimposed upon and predisposed to by organic nervous disease.*—The hysterical superstructure found in patients with chronic encephalitis lethargica, epilepsy, and disseminated sclerosis are conveniently treated by this method. An important use of hypnosis is to remove the functional overlay which occurs in many cases suffering from extrapyramidal motor disorder. Unfortunately the success obtained has sometimes led to the mistaken view that the underlying organic disease has been helped. Hypnosis appears to be useful in the special instance of the minor functional disabilities of leucotomized patients. Relapse is common in this organic group, but the treatment is nevertheless economic, especially where other methods would not succeed at all or where life is likely to be shortened by the organic disease.

(e) *Cases of psychoneurosis unfit for psycho-analysis as judged by the usual criteria of selection for that method.*—These patients, on account of poor intelligence, personality type, or other constitutional disabilities, are unable to respond to any method dependent on their insight. In some of them it is, of course, unlikely that any permanent improvement in adjustment can be brought about by any method, and relapse is frequent.

(f) *Patients who have, as a defect of personality or as the results of organic nervous disease, a gross facilitation of the mechanism of dissociation of consciousness, motivated amnesia, and advantage-through-illness, and suffer from the*

*so-called degenerative hysteria or are possessed of the hysterical character.* While the results obtained are superficial enough, the relatively long periods of normal behaviour after treatment as revealed by follow-up studies make it appear that hypnosis is not only the most easily applicable treatment but that it is economic in terms of the patient's adaptation to life and of society's contribution to his welfare.

### Conditions in which Hypnosis is One of the Methods which may be Used, the Choice of Method Depending on the Individual Patient

*Abreaction Techniques.*—Often the choice is between the use of drugs and of hypnosis. Examples are:

Patients with anxiety states in which exploration and abreaction may be achieved by the use of intravenous barbiturates. Hypnosis is at least as suitable, if it can be induced, and it allows the abreaction to be regulated and sustained far longer than is possible with drugs. It is not practicable to mix the two methods, as narcotics materially alter the response to hypnosis and make it difficult. If a satisfactory depth of hypnosis cannot be induced after two or three trials, abreaction can then be attempted with drugs.

Patients with hypertension and peptic ulcer who have been shown to be capable of normal function if given rest in bed and sedatives may also be suitable for treatment with hypnosis. It has the advantage that the patients can subsequently be taught to relax as a daily exercise and even to hypnotize themselves. This is not to say that hypnosis has anything to contribute to non-labile hypertension or non-intermittent ulcer.

In conditions such as nocturnal enuresis where the presence of the symptom induces anxiety which in turn makes it worse. Hypnosis can be used to break this vicious circle by removing the symptom for a few days by direct suggestion. A considerable number of enuretics recover in this way, and hypnosis is always a method that can be tried when others have failed. Similarly in dermatological states where scratching prevents healing of the lesion, a few days' relief from pruritus by means of hypnotic suggestion will give the skin a chance to recover. The results in generalizing dermatitis are often such as to suggest that other factors than cessation of irritation may be involved and that there is a more general calming of underlying anxiety.

### Conditions in which Hypnosis is Occasionally Strikingly Successful and in which its Use is Worthy of Further Investigation

(a) *Habits.—Smoking.*—It is doubtful if hypnosis alone will permanently remove the desire for tobacco in a real smoker. It will, however, do so for a period of a day up to three weeks after a single session and will get the patient started on his abstinence if he wishes to give up the habit. Repeated hypnosis has been rather disappointing, and success must be judged against the fact that many people are able to give up smoking without its aid. *Alcoholism.*—Here again hypnosis may help if every other possible precaution is taken to reduce the desire for alcohol. Recovered alcoholics who have to report at intervals are apt to regard this essential contact as rather unnecessary, but if they are to be hypnotized they will usually come willingly enough. As it is at this stage, in the first months after "drying out," that suggestion is most necessary, it is well worth using in a suitable patient. The problem here, however, may become one of sheer boredom for the psychiatrist, and the use of a lay hypnotist to continue under his supervision may afford him welcome relief. *Obesity.*—Here the results may be quite good when there is to be a short period of reduced eating at the outset of treatment. The induction of a general distaste for food for short periods is possible in some subjects and may be used in the initial stage of dieting. The most useful objective, however, seems to be to leave the patient with the habit of ignoring certain articles, such as bread, butter, milk, potatoes, etc., once the initial reduction has been accomplished, by suggesting lack of interest in them.

(b) *Psychosomatic Disorders.*—In mucous colitis, generalizing eczema, hysterical vomiting, and hyperventilation results are often very good and there seems to be much

to be said, when underlying factors are very complicated, for preferring this approach to more time-consuming psychotherapy. I am not able to confirm the results claimed in peptic ulcer, malignant hypertension, ulcerative colitis, rheumatoid arthritis, psoriasis, etc. Others who make use of hypnosis seem to get better results than I can in these conditions. On the other hand, however it is accomplished, the evidence for the successful use of hypnosis in warts and xeroderma is very strong.

(c) *Inoperable Carcinoma and Intractable Pain*.—Patients who have prematurely been given morphine derivatives before pain is severe, or who have become agitated and anxious since being told that there is little prospect of recovery, have not infrequently been referred to me as possible subjects for prefrontal leucotomy. They have usually proved to be good subjects for hypnosis, and it has often been surprisingly easy to remove the panic attacks and also the anticipation of pain. In some cases it has been possible to stop giving analgesics or very materially to reduce them, and the patients' distress has then been seen to be due more to addiction than to pain. It appears that morphine or its equivalents has in such patients sometimes been given initially as much on the strength of the diagnosis as on their need for analgesia.

#### Certain Uses of Hypnosis in Psychologically Healthy Subjects

(a) *In Childbirth*.—There is a great deal to be said for the use of hypnosis as an analgesic. Not only is the pregnant woman usually an excellent subject, but in my experience it is always easier to induce deep hypnosis during labour than it is during pregnancy, so that there need be no fear of its failing during delivery. The only difficulty is the great amount of time one has to spend with the patient. Labour appears to be in no way held up by hypnosis, and the patient seems better able to co-operate, to relax, and to "use her pains" in the third stage. Certainly there is no danger of foetal anoxia when hypnosis is used to provide a painless labour, and it leaves the woman free to enjoy the ecstatic experience of labour well done and the arrival of a new child. If some means can be found for legitimately training in hypnosis someone who has to be there anyway, it would be an ideal way of having children. As it is, it can be available to few.

(b) *Anaesthesia*.—If inhalation anaesthesia had not been discovered hypnosis might by now be in common use, for a great deal of work had been done on it. I have used it at times for a variety of operations. In dental and nasal surgery it has the great advantage that the patient can be made to spit normally and the nasopharyngeal reflexes can be retained or removed at command. Only a minority of patients, however, can be given full surgical anaesthesia at the first attempt. Of these, young healthy people in the prime of life appear very frequently to be good subjects, and use was made of this in emergency operations in time of war. The hypnotic state, or the state of relaxation from which hypnosis develops, is an ideal one in which to receive an anaesthetic, and an anaesthetist with a soothing manner may unwittingly hypnotize his patient before he anaesthetizes him. There is something to be said for allowing trainee anaesthetists to learn the technique, if only because hypnotic phenomena occasionally appear uninduced in their patients. There is one type of operation in which hypnosis really seems to help in a unique way, and that is when the aged are operated upon for gangrene of the feet under refrigeration anaesthesia. Old people often make good subjects for hypnosis but easily become anxious when given local and spinal anaesthetics, so that, if time permits of a short period of initial instruction, hypnosis may be of great help in such patients.

(c) *Stammering*.—Reports on the treatment of stammering are conflicting, but my own experience, which resembles that of a number of medical hypnotists, is that it is disappointing. As a means of teaching the relaxation needed for

speech-therapy it is of value, and also for relaxing the mild stammerer on a special occasion; but the recovery, as the result of hypnosis, of a stammer which has come on in childhood must be uncommon. In the hysterical speech impediment of sudden onset in adult life, however, often in a former stammerer, hypnosis will usually remove the symptoms at once. One condition which is often helped by hypnosis is the dreaded "drying up" which may occur in public speakers and actors. Hypnosis beforehand is remarkably successful, and I have even allowed an actor with a dread of drying up to go on the stage in a state of hypnotic somnambulism. There was no outward evidence of his altered state of consciousness and he identified himself so fully with the part he was playing that there was some confusion with his own identity afterwards. Subsequent performances were given in a normal state without drying up, but, I am assured, they were lacking in the inspiration of his hypnotized display.

(d) *An Aid to Recall*.—An occasional use of hypnosis in normal individuals is to help to find lost articles which have been put somewhere and forgotten. If the individual is made to relive in detail the period during which the article was mislaid a very complete memory can sometimes be restored. Within a reasonable time-span hypnosis will thus allow of the recall of unclassified memories otherwise unavailable.

#### Conclusion

There is reason to think that in recent years the medical profession has taken a more liberal and objective view of hypnotism as a technique of psychotherapy and this has been given expression in the 1955 report of the British Medical Association. We are still being embarrassed by excessive claims and enthusiasms. Many of these were traceable to the public demonstrations, which are now much restricted by the Hypnotism Act. The subject is still surrounded by a good deal of mystery and magic in the minds of the general public. It has to be recalled, however, that hypnosis was the principal method of psychotherapy during the early part of the nineteenth century, and for much of this time its use and its results were taken for granted.

It seems almost impossible to make any reliable statistical assessment of the long-term results of psychotherapy, hypnotic or otherwise. In that patients have returned to their jobs and have been relieved of their symptoms it is likely that in general the results of using hypnosis in functional nervous disorders are comparable to those obtained by other techniques. In this connexion it may well be that there should be some sort of revision of our ideas of what is to be expected from psychotherapy. At present, in the analytically oriented schools the main interest is centred round full psycho-analysis. This method is, for both economic and psychiatric reasons, available to very few people, and the evidence is not strong that even if it makes these different it makes them better. Other treatments are usually regarded as falling short of classical analysis, although derivatives of Myerian distributive analysis, and "analytically oriented" and interpretative methods, account for an overwhelming proportion of the psychotherapy carried out within the Health Service.

There seems to be a place for a treatment that can remove the symptoms of which the patient complains, even if it is unsatisfactory to the therapist in terms of insight and psychopathology. If something is to be done about the enormous number of psychoneurotics who clog the wheels of civilized intercourse, it may be that our therapeutic sights should be lowered, and that we should, for the majority of patients, have a more concrete aim of relieving symptoms and making them more happy and less trouble to and less dependent on their fellows. If these are the objectives, shorter methods necessarily have a place, not as substitutes but as therapies in their own right, and in this briefer and more physician-dominated treatment hypnosis may have a considerable part to play.